

**CG-EN, EXEMPT EVENT NOTIFICATION**

State Form 51413 (R2 / 5-08)

INDIANA GAMING COMMISSION

For Official Use Only

Date Received _____

Reviewed By _____

Date Reviewed _____

INSTRUCTIONS: Your organization must be qualified with the Gaming Commission to conduct exempt (non-licensed) events. You must file this notification by March 1 or at least one (1) week before your first exempt event. **Please type or print.**

1. Name of organization				2. Email address	
3. Previous name of organization (if name changed)				4. Federal Identification number (FID)	
5. DBA (Doing Business As) name		6. Contact person		Contact person's telephone number	
7. Street address of principal office (as it appears on the Charity Gaming Qualification Application, Form CG-QA; unless organization has moved)					
City	State	ZIP code	County	Daytime telephone number ()	Office business hours

A qualified organization is not required to obtain a license from the Commission but is required to send notification if the value of all prizes at the event including prizes from pull-tabs, punchboards, and tip boards **does not** exceed \$1,000 for a single event and not more than \$3,000 during a calendar year.

A qualified organization planning to hold more than one (1) event (exempt from licensing requirements IC 4-32.2-4-3) a year shall send an annual written notice to the Commission. The annual written notice must be filed before the earlier of the following March 1 of each year or one (1) week before the qualified organization holds their first exempt event of the year.

- (1) The estimated frequency of the planned exempt events.
- (2) The location or locations where the qualified organization plans to hold the exempt events.
- (3) The estimated value of all prizes awarded at each allowable event.

8. Please indicate the type of exempt event being conducted (*Check only one box*)

- | | | | |
|-----------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Charity Game Night | <input type="checkbox"/> Door Prize | <input type="checkbox"/> Guessing Game |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Raffle | <input type="checkbox"/> Water Race | |

9. On what date(s) and during what hours will your event be conducted? (*a.m. establishes the midnight hour, p.m. establishes the noon hour.*)

Date _____ Hours _____ M to _____ M (*attach additional sheets if necessary*)

10. Enter the name(s) of each operator(s) for this exempt event

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

11. Total value of all prizes to be awarded (including prizes from the sale of pull-tabs, punchboards, and tip boards) at the exempt event listed above:

\$ _____

12. Total value of all prizes awarded (including prizes from the sales of pull-tabs, punchboards, and tip boards) at all previously held gaming events within the same calendar year: \$ _____

13. Does your organization own gaming equipment or devices? ☐ Yes ☐ No If no, all licensed supplies must be purchased from a licensed manufacturer or distributor.

14. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated.

Signature of Presiding Officer

Print name

Title

Date (month, day, year)

Signature of Secretary

Print name

Title

Date (month, day, year)

Signature of Director

Program Coordinator initials

Date (month, day, year)

Mail Completed Form To:

Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington St., East Tower, Suite 1600, Indianapolis, IN 46204
Phone: (317) 232-4646